ABSENCE REQUEST FORM

Today’s Date: ____________________________

Name: ____________________________ Student ID #: ____________________________

Date of absence: ___________ to ___________

Reason for absence: ___________________________________________________________

I request an excused absence from the following Lecture/Lab (include time and day):

1. ____________________________ Instructor’s signature ____________________________

2. ____________________________ Instructor’s signature ____________________________

3. ____________________________ Instructor’s signature ____________________________

4. ____________________________ Instructor’s signature ____________________________

I understand that this completed excused absence form is due to the Office of Student Affairs Five (5) days prior to requested date for approval. I also understand that I am responsible for making up missed quizzes or assignments assigned to me by the instructor.

Student’s Signature ____________________________ Date: ____________________________

OFFICE USE

Circle one

APPROVED: YES NO

COMMENTS: __________________________________________________________

____________________________________________

Office of Student Affairs: ____________________________ Date: ____________________________